



DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016- 2021

AUGUST 2016
REVISED JUNE 2017
REVISED JUNE 2018
REVISED JUNE 2019

DAWSON COUNTY HEALTH DEPARTMENT

207 WEST BELL STREET
GLEN DIVE, MT 59330

1

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 Revisions in green font



Dawson County Health Department Strategic Plan 2016-2021

DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016-2021

DCHD PLANNING PARTICIPANTS

- Brenda Mischel, Family Planning (retired 12/2018)
- Andeen Raymond, Home Health
- Pam O'Brien, WIC and Administrative Assistant
- Clarice Utgaard, IZ Nurse and School Nurse
- Jen Fladager, CD/PHEP, PHSI, BAG (resigned 10/2016)
- Trish Olson, IZ Nurse, Home Visiting (resigned 5/2017)
- Patty Maddock, Administrative Assistant, Billing
- Heather Frank, Administrative Assistant (resigned 3/2018)
- Lynn Newnam, Family Planning Coordinator, WIC
- Lauren Murphree, ~~Tobacco Prevention~~, QI Coordinator
- Timber Dempewolf, Health Director
- Janelle Olberding, CD/PHEP, BAG (resigned 7/2019)
- Jennifer Olmstead, IZ Nurse and School Nurse (resigned 6/2019)
- Lindsay Sadorf, Tobacco Prevention
- Jessi Tompkins, Administrative Assistant
- Joy Partridge, Home Visiting
- Naome Wright, CD/PHEP, BAG
- Renee Steinbron, Home Visiting, Substitute School Nurse
- Angie Mittlestadt, Family Planning

REVIEW OF MISSION, VISION, AND PURPOSE

DAWSON COUNTY HEALTH DEPARTMENT MISSION STATEMENT

Promote and Protect Public Health

VISION STATEMENT

Dawson County Health Department (DCHD) is committed to excellence in protecting, promoting and enhancing the health and well-being of all people. We provide quality services to people of all ages and work to ensure the health and safety of our community and environment through the promotion of health and prevention of disease.

Revised June 2019:

Dawson County Health Department (DCHD) is committed to excellence in protecting, promoting and enhancing the health and well-being of all people. We provide quality services to people of all ages and work to ensure the health, safety, and mental health of our community and environment.

PURPOSE

To serve and educate our population and advocate for the health and safety of our community.

Revised June 2017:

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 revisions in green font

To serve, educate and advocate for the health and safety of our population by bridging the gap between the ever-changing landscapes of our community.

CORE VALUES

Evidence based and evidence informed practices - What we do is based in practices that have either been proven to be successful or that have a probability of achieving the desired outcome.

Professionalism –We believe our customers should be treated in a compassionate and caring manner that respects them as individuals, is non-judgmental and protects confidentiality. We are committed to ensuring that our staff is highly skilled and receives ongoing education to enable them to keep abreast of new information.

Community and Wellness Oriented – We believe that public health services should be based on the needs of the community and should be data driven and community oriented through an ongoing cycle of assessment, assurance and policy development. Services will be prevention focused and collaborative in nature.

The Mission, Vision, Purpose, and Core Value Statements were reviewed and the Purpose was revised as stated above.

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 revisions in green font

PROGRAM SUCCESSES, CHALLENGE, AND STAFF SHORT-TERM GOALS

Successes	Challenges	General Goals
Women, Infants, and Children (WIC) Program-Lynn Newnam, Pam O'Brien		
<p>Getting Pam PAT certified, our good reputation, and in all the programs, our biggest strength is our reputation and our clients trust us.</p> <p>2018 EBT was rolled out very successfully.</p> <p>2019 Pam became Lactation Certified WIC numbers were 102 and now are 116.</p>	<p>Getting new clients, and overcoming the state's lack of organization and communication and IT issues that could limit travel but increase clients.</p> <p>2018 Client numbers continue to decrease. WIC numbers are down across the state. Satellite clinics only have 0-2 clients. Maybe explore closing satellite sites.</p> <p>2019 Dealing with out of town clinics is a challenge. Scheduling clients Clients in general keeping their appointments. For the 2018 Farmer's Market only 12% of benefits were used.</p>	<ol style="list-style-type: none"> 1. Get moved to new office 2. Have a pleasant audit 3. Incorporate eWIC for distant clients 4. Get more clients-increase WIC total to 200 5. To find a way to have things run smoother with the state 6. Have an in house Lactation consultant? <p>2017 Met goal #1. 2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Client numbers goal: 200 clients 2. EBT rollout—December 2017 3. Establish relationships and explore options for satellite clinics 4. Explore training for lactation <p>2018 Met Goal #2</p> <ol style="list-style-type: none"> 1. Pam become a certified lactation consultant by March 2019 2. Raise Farmers Market redemption rate to 60% by September, 2018 3. Evaluate clinic efficiencies. 4. Increase WIC numbers by 10% by September 2019. <p>2019</p>

Successes	Challenges	General Goals
Family Planning-<u>Brenda Mischel</u>, Lynn Newnam, Timber Dempewolf, <u>Angie Mittlestadt</u>		
<p>Having 4 satellite clinics and our [good] reputation, ended in the black, we stayed pretty much within budget.</p> <p><u>2018</u> EHR was installed.</p> <p>Monthly satellite conference calls.</p> <p><u>2019</u></p> <p>Update completed 12/1/2018</p> <p>Angie Mittlestadt hired and started training 12/4/18</p> <p>Completed cost analysis 2/19 and updated prices accordingly 3/19</p> <p>Updates are complete 12/1/18 for current FY</p>	<p>Overcoming the stigma of being associated with “Planned Parenthood” and that our services are just for “poor” people, navigating insurance. Also, providers at satellite clinics are not stable.</p> <p><u>2018</u> Training requirements have changed with the state and getting providers up-to-date may or may not be an issue.</p> <p><u>2019</u> Install EHR’s in all satellite clinics.</p> <p>Develop relationship with a community group.</p>	<p>Met Goal #1 & 4</p> <ol style="list-style-type: none"> 1. Decrease no-shows by 5% by May 2020. 2. Offer second Thursday of the month for walk-ins from August 2019 and June 2020. (baseline year). <ol style="list-style-type: none"> 1. Find consistent providers for satellite clinics 2. Reestablish a relationship with the college and high school 3. Have a successful and pleasant 10/2016 audit 4. Increase client/patient counts 5. Clean up accounts receivable. 6. Explore and initiate EHR use 6/2017 7. Maintain satellite clinic conference calls. Monthly calls scheduled <p><u>2017</u> Met goals #1, 3, 5, 6 and 7 (see blue above)</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Provide training requirements through conference calls 2. Presence at DCHS (need to look at Lynn’s scheduled time) 3. Add Norton anti-virus to EHR laptops 4. DCHD needs to explore texting programs compliant with HIPAA

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 revisions in green font

Commercial that will play for a year at Rose Theatre has Bridging the Gap logo for Family Planning.

Received more in reimbursements in the past year.

5. Branding Dawson County Family Planning “Bridging the Gap”

2018

Met Goal #2, 4

1. Revise EHR format with Ahlers by October 1, 2018
2. Hire a replacement for Brenda at least 6 weeks before retirement.
3. Complete cost analysis and update prices by January 31, 2019.
4. Complete local plan updates by October 1, 2018.
5. Branding Dawson County Family Planning, “Bridging the Gap” by June 2021.

2019

Met Goal #1-5

1. Install EHR in all satellite clinics by March 2020.
2. Develop relationship with two community groups by June 2020.
3. Increase number of patient referrals to Plan First by two by June 2020.
4. Increase the numbers of referrals to the Comprehensive Cancer Program by two by June 2020.

Successes

Challenges

General Goals

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 revisions in green font

Communicable Disease ~~Jen Fladager~~, Timber Dempewolf, Lynn Newnam, ~~Janelle Olberding~~, Naome Wright

Outbreak response and CD surveillance have been going very well. The State has been very helpful, and they stated our E. Coli outbreak was detected very quickly locally (almost a week before the average). Working with GMC has been better than ever regarding case identification-we still have our hiccups, but overall they've been very helpful.

2018

Met all the goals from last year.

Have a good handle on how to investigate and document cases.

UHC has been revitalized to assist with communication barriers.

Implementing quarterly reporting to stakeholders.

2019

Naome is attending all Unified Health Command meetings.

Lynn is attending MIDIS training conference calls monthly.

Talked about protocols at the Unified Health Command meetings.

Time has been an issue because of the uptick in cases.

2018

Communication with partners regarding reporting –slowly working out the kinks; UHC sometimes helps with information sharing.

Getting demographics is still a struggle.

2019

Continue talking about protocols at the Unified Health Command meetings.

Need to address the police department on follow up

Reporting of communicable disease is taking longer to report because of electronic reporting system.

1. Successfully train Jen's replacement without overwhelming him/her (Janelle hired June 2017)
2. Maintain communication with CD surveillance partners
3. Increase cross training for disease reporting in MIDIS.

2017

Met goals #1, 2 and 3

2017-18 Goals:

1. Get several people educated in MIDIS
2. Janelle assisting with data entry and running reports
3. Develop written step-by-step procedure for investigations
4. CD & files need to be organized so information can be used
5. Track out-of-jurisdiction cases

2018

Met Goal #1, 2, 3 where applicable, 4, 5

1. Attend all quarterly Unified Health Command meetings.
2. Learn how to use the MIDIS program more efficiently throughout fiscal year 2019.
3. Reestablish a public health orientation program with GMC throughout fiscal year 2019.

2019

Successes	Challenges	General Goals
PHEP Jen Fladager, Janelle Olberding, Naome Wright		
<p>The plans are in pretty good shape, and will be what I'd say are accreditation ready in the upcoming year.</p> <p>2018 All plans completely reviewed and updated. EOP reorganized for readability/utilization.</p> <p>COOP plan drafted</p> <p>Reestablished Unified Health Command</p> <p>Working to increase visibility in community</p> <p>Established plan for staff training on EOP</p> <p>2019 Completed staff EOP training at February Staff Meeting</p> <p>Attended monthly LEPC meetings</p> <p>Completed and implemented COOP plan January, 2019</p>	<p>It may be that no one will be hired before my departure, so the plan is right now to complete as many deliverables as possible before I go to take off some of the strain to coworkers and Timber.</p> <p>2019 Make sure all new staff take ICS 100 and 200.</p> <p>Working on Foodborne illness plan.</p>	<p>Met Goal #1, & 2</p> <p>1. 100% of communicable diseases are reported to the state within 7 days throughout fiscal year 2020.</p> <p>2017 Met goal #1 2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Start getting to know the community partners 2. Establish relationships with community partners <p>2018 Met Goal #1, 2</p> <ol style="list-style-type: none"> 1. Complete staff EOP training by end of PHEP FY 2018-2019. 2. Maintain presence at LEPC. 3. Finalize COOP plan by June 30, 2019. <p>2019 Met Goal #1, 2 & 3</p> <ol style="list-style-type: none"> 1. 100% of new staff will complete ICS 100 and 200 by June 2020. 2. Complete new Foodborne Illness Plan by June 30, 2020. 3. Maintain presence at LEPC

Successes	Challenges	General Goals
General Public Health-All Staff		
<p>(DCHD Marketing) Our Facebook marketing has increased greatly, and we are starting to see its reach. It turned out to be a great tool in the E. Coli Outbreak and the sexting campaign.</p> <p>(DCHD Database) The new version seems to be functioning well. We've had a few kinks to work out, but they were easy fixes.</p> <p>(FICMMR): We have one at this time to finish prior to end of Nov. Keep an eye on newspaper for our FICMMAR activity for this year-DCHD purchased a coloring page in the coloring book created by the Ranger Review.</p> <p>2018 Jessie has caught on quick and been a great fit to our family.</p> <p>Data recording for walk-in clients is greatly improved and being implemented.</p> <p>Fetal Infant Child Maternal Mortality Review (FICMMR) successfully implemented ATV training.</p>	<p>Some think the Health Fair needs to be revamped.</p> <p>We've had mixed results on other Facebook posts put out there. Emergency preparedness isn't very popular, for example.</p> <p>Paraphrased-Having just started, she had no idea how many things the Health Department did, also did not know about the newsletter.</p> <p>Paraphrased-Reaching people can be difficult as far as advertising services, some watch TV, some read paper, Facebook, etc.</p> <p>2018 Are not overly successful in educating the public regarding all of our services. It is better, but still needs work.</p> <p>Health Fair – do we keep Health Fair as is, revamp it, or do away with it??</p> <p>Adequate staffing of scheduled clinics such as blood draws and blood pressure clinics.</p> <p>Collaboration w/ BCBS Care Van - Drive-through flu clinic scheduled for</p>	<ol style="list-style-type: none"> 1. Insurance Billing-Transition this to Heather and Pam will still be available to help 2. Meals on Wheels- More Clients 2017 added Mom's Meals and expanded area covered. 3. Health Fair-we need to do something new and more exciting to engage more people. 3/2017 New venue and scheduled appointments. 4. Explore electronic performance management systems. <p>2017 Met goal #1 and 3. 2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Update database for 2017-2018 and add walk-in data 2. Check into HIPAA compliant recall and reminder systems 3. Put a program highlight on each weekly update 4. "Bridge the Gap" marketing 5. Bridge the communication gap with different local agencies (hospital, schools, etc.) <p>2018 Met Goal #1, 2, 3, 5 is ongoing. Goal #2 goal has been met as well in regards to Immunizations.</p> <ol style="list-style-type: none"> 1. Find another option to the Health Fair by January 1, 2019.

<p>FICMMR has been given funding for prevention activities and will be passed on to GPS.</p> <p>Success in implementing Lab on Demand.</p> <p>Success in continuing Blood Draws at the courthouse.</p> <p>2019</p> <p>Education is done consistently in the monthly newsletter, daily Facebook posts and in newspaper articles.</p> <p>We decided to not offer a Health Fair this year. People picked up their blood draw results at the Health Department.</p> <p>Most of the staff sign out when leaving the facility.</p> <p>Providers are referring patients to Lab on Demand.</p> <p>Moved from Home Health: Jessi and Andeen are certified Walk with Ease Instructors. Jessi: 9/20/18, Andeen: 10/1/18. Jessi held 2 classes 12/10/18 – 1/21/18 and in April/May</p>	<p>10/4/2018. BCBS has a new program coordinator.</p> <p>2019</p> <p>Goal # 3 should be moved to immunizations. We had a 1% increase in off-site flu clinic immunizations. (367 for 2018-2019)</p> <p>Blood Draws—when to hold it? Fall, Spring, pick your month.</p> <p>Walk with Ease—Had 3 people finish the course this year.</p> <p>Hypertension Class—Had 8 participants go through the program this year.</p> <p>Car Seat Installations—Installed 18 in the past fiscal year.</p>	<ol style="list-style-type: none"> Scheduled clinics will be staffed adequately 100% of the time. Increase the number of persons vaccinated at offsite flu clinics by 25% during the 2018-2019 flu season. (364 immunized in 2017-2018) Staff will utilize sign out sheet 100% of the time when leaving facility. <p>2019</p> <p>Met Goal #1, 2 & 4</p> <ol style="list-style-type: none"> Continue with the March Blood Draws and add an option for an additional health fair panel of the patient’s choice. (base year) Increase the number of participants of Walk with Ease to 10 by June 2020. Hold one hypertension class with 9 participants by June 2020. Hold at least two car seat check events by June 2020. Increase the number of car seat installs to 20 by June 2020. Share program information at monthly staff meetings.
Successes	Challenges	General Goals

Tobacco ~~Laureen Murphree~~, Lindsay Sadorf

We feel my relationship with the schools and the days of action (Red Ribbon Week, Great American Smokeout, Through with Chew and Kick Butts Day) events have been successful.

2018

The days of action events (Red Ribbon Week, Great American Smokeout, Through with Chew, and Kick Butts Day) were successful. Also bringing about greater awareness of vaping, and working for smoke free communities and parks went well.

2019

Met/exceeded all deliverables by June 2019

Have invited BOH members and the CEO of Prairie County Hospital to the meetings will continue to encourage them to attend

Documentation entered timely with as much or as little information that is needed to meet the current Goal

Gave 6 businesses new signs June 2019

Have spoken with the Mayor of Glendive, Terry and Wibaux about making a park in their county smoke free by the spring. Will continue to

I would like to get a few more non-health department and out-of-town people to the Coalition meetings.

2018

The biggest challenges were providing information that was useful and informative to all ages.

Would also like to see more people from the three communities attend Coalition meetings.

Some of the requirements have changed from the state for Multi-Unit Housing units.

2019

One of the biggest challenges was providing information that was useful and informative to all ages.

Would also like to see more people from the three communities attend Coalition meetings.

Some of the requirements have changed from the state for Multi-Unit Housing units.

Need to address City Council about updating and placing signs in the parks.

1. Continue relationship with the schools and continue days of action events.
2. Try to get a more diverse group of people at the Coalition Meetings.
3. Contact multi-unit housing owners and work with them on creating a smoke free environment, giving free signs and giving them support.

2017

Met goal #1, 2 and 3

2017-18 Goals:

1. Learn/carry out all deliverables
2. Foster relationships in all 3 counties
3. Learn reporting system (Catalyst)

2018

Met Goal #1, 2, 3

1. Learn/ Carry out all deliverables by June 2019
2. Continue to foster relationships in all 3 counties by attending 75% of Board of Health meetings in Dawson, Prairie and Wibaux counties through June 2019
3. Learn reporting system updates and changes (Catalyst) June 2019
4. Assist four local businesses to establish and enforce set-back policies by June 2019
5. Work with commissioners and city council to make three parks in our service area smoke free by June 2019
6. Contact five multi-unit housing owners and work with them on creating a smoke free environment, giving free signs and support by June 2019

<p>discuss and have community members voice their desire to have smoke free parks. Talked to Jack Rice about signs in Glendive Parks.</p> <p>Met and exceeded expectations for the multi- unit housing goals on or before June of 2019.</p>		<p>2019</p> <p>Met Goal #1, 2, 3, 4, 5</p> <ol style="list-style-type: none"> 1. Learn/ Carry out all deliverables by June 2020 2. Continue to foster relationships in all 3 counties by attending 75% of Board of Health meetings in Dawson, Prairie and Wibaux counties through June 2020. 3. Learn reporting system updates and changes (Catalyst) June 2020 4. Assist four local businesses to establish and enforce set-back policies by June 2020 5. Work with commissioners and city council to put no smoking signs in three parks in our service area by June 2020 6. Work with commissioners in all 3 counties to make county property smoke free.
Successes	Challenges	General Goals
<p>Dawson County Healthy Communities Coalition and Building Active Glendive Jen Fladager, Janelle Olberding, Naome Wright</p>		
<p>BAG has made progress on our work plan, and MSU and Bike Walk are very pleased with our headway. The strategic plan has been written, but not adopted yet. Signage is up for wayfaring.</p> <p>CHIP Related-Wayfaring signs are up! We've requested GMC provide a representative to BAG, and they are already represented at DCHCC.</p>	<p>Resigning the secretary position was wise in Healthy Communities, but BAG is in some serious trouble with manpower. I'm leaving, Dianna Broadie is out for a while, Adam Gartner is done with his term (though he states he'll stay on), Jerry Jimison and Peggy Iba have been very busy with other things, we lost Nate Powell (though Tom Shoush started attending in his place), Kelly Wicks left.</p>	<ol style="list-style-type: none"> 1. Train a replacement in the Health Department who can assist BAG prior to my departure-Janelle Olberding is in town and available to work on this initiative. She did some accreditation work for Cascade County and also helped with a group called Get Fit Great Falls. <p>2017--Met goal #1 (Actually hired Janelle Olberding June 2017)</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Janelle will be BAG representative. 2. Janelle, Lindsay, Pam and Lauren will represent DCHD at Healthy Communities.
2018	2018	

<p>Progress being made on new trail signage projects</p>	<p>Manpower is still an issue; BAG only has about four active members.</p>	<p>2018 Met Goal #1, 2 1. Complete in-town trail signage project in FY 2018-2019</p>
<p>Laureen elected Treasurer of Healthy Communities.</p>	<p>2019 BAG is working on a Storybook Trail in Eyer Park.</p>	<p>2019 Met Goal #1 1. Contact Janelle and put DCHD activities on Healthy Communities Facebook page.</p>
<p>2019 Completed in-town trail signage for Historic Homes.</p>		
<p>Manpower is getting a little better since meeting times have changed.</p>		
<p>Healthy Communities has an active Facebook page and has established some concrete goals. Laureen re-elected Treasurer.</p>		

Successes	Challenges	General Goals
-----------	------------	---------------

Accreditation and Public Health Systems Improvement ~~Jen Fladager~~, Timber Dempewolf, Laureen Murphree

<p>The completion of the CHIP and CHA came late, but it's great it's done. We are waiting for the final draft of the CHIP so we can put it out for public comment.</p>	<p>Coordinating between the hospital and other partners has been a bit difficult. Meeting times are the most troublesome in finding an open spot in everyone's schedule.</p>	<p>1. To be accreditation ready by December 2021. 2. Develop and incorporate a quality improvement program in day to day activities.</p>
<p>After a full assessment of our progress, we are roughly halfway to meeting accreditation guidelines! The progress tool is currently up to date, and I will update it again before I leave.</p>	<p>Bringing someone else on board and getting them up to speed will be time consuming.</p>	<p>2017 2017-18 Goals: 1. QI grant was approved. Write Quality Improvement Plan 2. Administer staff training on PH essential services 3. Administer Employee Satisfaction Surveys 4. Spend time with Richland County Accreditation Coordinator to learn about processes implemented to be accreditation ready.</p>
<p>PHSI funding has really moved DCHD forward to ensure there are processes in place related to workforce development and strategic planning.</p>	<p>2018 Accreditation is very complex and have a ways to go before we will be ready to apply.</p>	

<p>2018 Have a good start on the QI Plan. Created the QI Team. Janelle created the PDSA Cycle Form. Held staff training on PDSA and PH Essential Services. Administered QI 101 to all staff. Attended training and exchanged emails with Richland Co Accreditation Coordinator on the QI Plan.</p> <p>2019 Finished QI Plan on 7/19/18. September 11: Pre-assessment November 8: Staff Training at Staff Meeting February – December 2018: QI 101 given to all staff and part of training process of new staff July 2018: Post-assessment Completed two QI Projects: Animal Bite Reporting 7/12/18 Immunization Recall 10/22/18 Attended 8 trainings/webinars on Accreditation.</p>	<p>Need to meet with GMC about writing a new CHIP and CHA.</p> <p>2019 Timber would like to do a Casper project for the new CHIP and CHA to achieve a better completion rate. Expand questions to include more local agencies. Need to write and complete grant for Performance Management System.</p>	<p>2018 Met Goal #1, 2, 3, 4</p> <ol style="list-style-type: none"> 1. Finish QI Plan by August 2018 2. Educate staff on the QI process by holding 2 trainings by October 2018 3. Complete one new QI project by June 2019 4. Attend 2 trainings on accreditation process by June 2019 <p>2019 Met Goal #1, 2, 3, 4</p> <ol style="list-style-type: none"> 1. Write and complete grant for Performance Management System by June 2020.
Successes	Challenges	General Goals

Immunizations and Daycare Visits -Clarice Utgaard, Patty Maddock, ~~Trish Olson~~, Timber Dempewolf, ~~Heather Frank~~, ~~Jennifer Olmstead~~, ~~Jessi Tompkins~~

IZ rates have gone up. We got the CAREVAN to come to town and will be good for future clinics.

Since the law change for IZ requirement for school entry last October, all Varicella vaccinations were successfully completed for LES & JES schools. We increased exposure for DCHD via social media and also newsletter distribution.

2018

Jessi re-created recall spreadsheet which now provides us with an accurate recall list for mailings.

Jessi has also mastered texting email recall which has become very effective in drawing recall clients to office.

Jessi is becoming proficient in ImMTrax and data-logger logistics.

5/8/2018 – DCHD passed state VFC site visit; no compliance issues were identified.

2019

9/11/18 – Completed immunization reviews for all DC licensed childcare facilities; all facilities are in compliance.

Immtrax system was transitioned over 3/2019. Still figuring out recall system

Getting all children immunized, new vaccine requirements, and new vaccines.

Inadequate Varicella vaccine coverage completed at WMS & DCHS.

There was no improvement in our adolescent vaccine rate which includes HPV, MCV4 and TDaP.

2018

Implementation of new Child Care Rules for day care facilities begins 6/1/2018.

Implementation of new DPHHS immunization records system; transition is scheduled for Fall 2018.

MT Teen Vax Challenge program participation to improve adolescent immunization rates.

Immunization staff participation in CDC 2018 Principles of Vaccination webinar/15 courses.

Provide CPR instruction to daycare providers as needed.

Begin transition of VFC responsibilities to other immunization staff such as vaccine reconciliation, QI assessments,

1. Complete required Varicella vaccination for school entry of all students with special focus on middle school and high school students to bring them up-to-date.
2. To maintain 19-35 mos. IZ rates above 90%, and add more education for parents. (Received the 90% award for achieving a 90% immunization rate from DPHHS)
3. Increase adolescent vaccine rates (currently at 1%) FY 2017 up to 46%

2017

Met goal #1, 2 & 3

2017-18 Goals:

1. 4 contacts with VFC providers, yearly
2. Keep informed on sports physicals. If GMC chooses not to provide sports physical as a mass screening, DCHD may be able to fill the gap.
3. Fill immunization position

2018

Met Goal #1, 3

1. 100% of local day care facility visits will be completed and assessed for compliance of new Child Care Rules completed by 10/31/2018.
2. Continue with current recall/reminder system; improve recalls by 25% by 6/1/2019.
3. Increase infant vaccine rates for Dawson County to 80% for those provided by DCHD:

<p>and how to refine the parameters. Jessi is keeping track monthly in the recall 2018 spreadsheet.</p>	<p>etc. in preparation of departure of retiring staff.</p>	<p>Improve adolescent vaccine rates for Dawson County by 20% for those provided by DCHD.</p>
<p>Staff completed on-site training at DCC on 1/16/2019.</p>	<p>2019 Principles of Vaccination webinar begins 6/5/2019-9/25/2019.</p>	<p>4. All immunization staff will have completed Principles of Vaccination webinar by 6/1/19 and will implement vaccine best practices thereafter.</p>
<p>2018 Dawson County MT Teen Vax winner was Julie Kerr. Facebook posts and flyers utilized for advertisement of Teen Vax program.</p>	<p>Jessi has entered two people for MT Teen Vax and will remember to point flyer out to parents.</p>	<p>5. All immunization staff will participate in state provided webinars to transition to new immunization records system by 12/1/2018.</p>
<p>10/4/18 – Drive through BCBS Care Van clinic was conducted in Richey and Glendive.</p>	<p>Begin transition of VFC responsibilities to other immunization staff such as vaccine reconciliation, QI assessments, etc. in preparation of departure of retiring staff.</p>	<p>2019 Met Goal #1, 2, 2nd part of 3, 4 & 5</p>
<p>5/15/19—Care Van Clinic at WMS</p>	<p>Client charts have outdated information/old patient information sheets and missing year stickers. Front desk staff will make sure to have clients update their information and put year stickers on charts.</p> <p>Old records (white cards) need to be combined with new patient charts. Front desk staff will check filing cabinet for old records and put in back of new charts.</p>	<p>1. 100% of immunization staff will complete the Principles of Vaccination webinars by 6/1/ 20.</p> <p>2. 100% of local daycare facilities will be assessed for compliance and visits completed by 10/31/20.</p> <p>3. Patty will train Jessi on billing by June 2020.</p> <p>4. Clarice will train new RN in VFC logistics by June 2020.</p> <p>5. Increase immunization clinic times during August, 2019.</p> <p>6. 80% of recall clients return to the clinic for immunizations through June 2020.</p> <p>7. Charts will be updated with new face sheets, year stickers and old records merged with new chart 100% of the time by June 2020.</p>

Successes	Challenges	General Goals
School Nursing -Clarice Utgaard, Jennifer Olmstead and Andeen Raymond		
<p>Since the law change for VZ requirement for school entry last October, all Varicella vaccinations were successfully completed for LES & JES schools.</p> <p>Rural Schools-they loved Jen's [Jr. Disease Investigators] germ cases!</p> <p>We still have school nursing contracts for all public schools in Dawson County.</p> <p>Clarice had her first daycare provider who had all IZ requirements up to date at the daycare review.</p> <p>2018</p> <p>Since Renee came on board we were able to keep the schools covered for immunizations and absences.</p> <p>2019</p> <p>Opted out of sealants program this year as will continue with fluoride program</p> <p>Received correspondence from Dr Gillette's staff and have continued with fluoride program at GPS</p> <p>Staff completed onsite training at DCC on 1/16/2019</p> <p>Rural schools' teachers provide ideas for in-service trainings and presentations.</p>	<p>Inadequate school nursing services at WMS & DCHS which posed a work burden to other staff.</p> <p>Poor working relationship with former school nurse.</p> <p>Rural schools finding new ideas to keep students interest, getting list of students timely.</p> <p>2018</p> <p>Implementation of sealants program w/ Cara Reck of Smiles Across Montana.</p> <p>Continue or d/c fluoride varnish program if sealants program is implemented; have not received correspondence from Dr Gillette regarding plans for program next school year.</p> <p>Implementation of new immunization data system which MT-DPHHS is planning to roll out this fall.</p> <p>Rural schools struggle to work with County Superintendent of Schools to help her have a better understanding of rural school nurse duties and nurse being able to get access to records for recording or updating as needed. Still</p>	<ol style="list-style-type: none"> 1. Be able to play a part in restoring the principles and integrity of the school nurse position by creating a better working relationship with co-working school nurse and providing better mentorship. 2. Restore confidence to school staff. <p>2017</p> <p>Met goal #1 and 2</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Continue school nurse fluoride varnish program 2. Extend fluoride varnish programs to Health Department services <p>2018</p> <p>Met Goal #1</p> <ol style="list-style-type: none"> 1. School nursing staff will access state provided webinars in order to properly utilize new immunization data system in school setting by 12/1/2018. 2. Survey rural school teachers to find ideas for in-services by October 31, 2018. 3. Obtain list of enrolled rural school student by August 31, 2018. 4. Provide education to County Superintendent to reach an understanding of what rural nurse duties are, and be able to gain access to records for health updates. 5. Extend fluoride varnish programs to Health Department services.

	<p>having difficulty getting list of students in times manner.</p> <p>2019</p> <p>Ongoing communication problems with County Superintendent of Schools. Still having difficulty getting list of students in timely manner.</p>	<p>2019</p> <p>Met Goal #1, 2, 4, 5</p> <ol style="list-style-type: none"> 1. Hire new school nurse by August, 2019. 2. Obtain list of enrolled rural school students by August, 2019. 3. Survey rural school teachers to find ideas for in-service activities. 4. Track rural school attendance for 2019-2020 school year.
Successes	Challenges	General Goals
Home Visiting -Pam O'Brien, Trish Olson, Timber Dempewolf, Joy Partridge		
<p>We have added involuntary Safe Care as another evidence-based home visiting program.</p> <p>We have increased our caseload to approximately 80%. Pam has taken the initiative and enrolled her first client</p> <p>Pam has been trained in PAT!!</p> <p>We have two families that have been with PAT for over a year. One young lady has recently obtained her driver's license and taken her HISET. She passed all but one module. One little guy has increased his language skills and is now at or above his developmental level.</p>	<p>Get more clients, and Pam wants to keep educating herself and getting her bearings. Group connections- clients are not attending.</p> <p>PAT is required to have an advisory board, currently we are using the Best Beginnings Council. The people who attend the Best Beginnings meetings have a very narrow focus.</p> <p>Time and time management are considerations. Enrolling clients that are long term are also a challenge. They often have many other responsibilities that are a priority to them.</p> <p>Many of the families suffer from mental illness and choose not to seek care.</p>	<ol style="list-style-type: none"> 1. To achieve a 100% caseload, we would like to also see long term participation. <i>Achieved for a short time, average is 70%</i> 2. We would like to see more participants utilize and enjoy the group activities at the Nurturing Tree. 3. Continue to educate the advisory board about home visiting services and why it is important for our community. <i>Monthly Best Beginnings meetings</i> 4. Bring coordination of Best Beginnings back under DCHD's umbrella. <i>Completed 2017</i> 5. Make having a home visitor a societal norm. 6. Have a waiting list of clients. 7. Have stable funding from the state, and investigate billing TCM.

2018

Pam feels more comfortable in her position. Two families have been on for over a year and has a good connection with families. Also feel this year that John at CPS has come to value our program and has gained our trust.

2019

Our 6-month caseload is 95%, and our 12-month is 110%.

Educating them about mental illness is not well received. Families struggle to survive in poverty. Some of their behaviors are products of family culture and they have a hard time seeing the need to change. They have become dependent on the “system” and feel overwhelmed when facing any change.

2018

The 2nd Home Visitor position opening, finding and keeping the right person. The Best Beginnings Board could accomplish more although it runs pretty smoothly.

2019

Our relationship with CPS is strained.

Strategy: Joy will make weekly connections with CPS. We will offer our services and help whenever possible.

FYI home visitor (Joy) does not have a big enough caseload to keep her busy.

Strategy: We will start giving Joy a few PAT referrals to keep her caseload up.

With added funding The Best Beginning Board has the opportunity to team up with Healthy Communities and hire a

8. Have PAT recognized by the court system as an option for court ordered parenting class.

2017

Met goal #1, 3 and 4

2017-18 Goals:

1. Fill PAT/SafeCare position
2. Maintain caseload at or above 80%; full caseload 10 families.
3. Increase PAT clients participation in Mommy, Daddy & me classes (Group connections)

2018

Met Goal #1

1. Maintain a caseload of 85% or greater throughout fiscal year 2019.

2019

Met Goal #1

1. Maintain an 85% caseload for fiscal year 2020.
2. Hire a Best Beginnings Coordinator that will serve both Best Beginnings and Healthy Communities by January 2020.

coordinator for both. How this looks and implementing it will be a challenge.

Strategy: We will keep discussing the issue at Healthy Communities meetings and try to form a plan with them so when we get funding we are ready to move on this.

Successes	Challenges	General Goals
Home Health and <u>Stepping On</u>, <u>MOW/Mom's Meals</u> -Andeen Raymond, Timber Dempewolf		
<p>Toe nail clinics are BOOMING. We now have 3 one month and 4 one month alternating months. HHA visits still down, but only have one HHA working 1 day a week, and the other filling her time with Homecare clients, respite and HHA. Homemakers have a slight waiting list at this time.</p> <p>2018 Toenail clinics are doing very well. We have 3 one month and 4 one month alternating months, with a few spots still remaining open. Home Health Aide visits still down, and since January 1st, we have only one Home Health Aide working to meet needs of our clients, and Lindsay is willing to help when Linda needs time off, depending on her tobacco commitments. Linda does all the respite/bathing clients, 2 VA Respite clients account for a majority of her</p>	<p>Trying to get and keep clients so staff will feel more committed to our programs. Some staff are nearing retirement, and not wanting as many hours. We question if families are doing more cares for elderly parents and thereby decreasing our numbers.</p> <p>VA is no longer able to contract with PH for SNV's, so GMC has gained some easy long term clients that would have been ours.</p> <p>2018 VA does contract with the county for respite care for our veterans with only 2 being on the program at this time.</p> <p>2019 Decrease in staff makes it hard to increase client numbers.</p>	<ol style="list-style-type: none"> 1. Increase HH visits for nurse and HHA over the next couple of years. 2. We have lost several long time clients due to their health declining, and needing to leave our area. It would be great to see our HHA/respite services increase with the VA. There are a lot of elderly vets in our area. <p>2017 2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Increase marketing for HH 2. Provide Stepping On class annually 3. Increase Richey toenail clinic participation to 6 clients/clinic <p>2018 Met Goal #1</p> <ol style="list-style-type: none"> 1. Continue to work on marketing for Home Health. 2. Provide Stepping On class annually. 3. Increase the number of clients served to 6 for the Richey toenail clinic.

<p>time. She also has homemaking clients. We do have a slight waiting list for homemakers at this time.</p> <p>Gave information on Home Health on "Let's Talk About It."</p> <p>2019</p> <p>Moved Walk with Ease (former Stepping On) to General Health</p> <p>Toenail clinics. Serving 6-7 people in Richey. Other clinics are almost full.</p> <p>Survey results very positive for new MOW provider. Whenever someone is not home, we contact emergency contact for verification.</p>	<p>Retiring homemaker and home health aide health is failing and she has a full load.</p>	<p>4. Increase Skilled Nurse Visits and Home Health Aide visits for bathing by 10% by June 30, 2019.</p> <p>2019</p> <p>Met Goal #1, 2, 3</p> <ol style="list-style-type: none"> 1. Maintain home health visits for fiscal year 2020.
Successes	Challenges	General Goals
<p>The Nurturing Tree, Parenting Classes and Safe Sitter Classes <i>Alisa Werner, Pam O'Brien, Timber Dempewolf</i></p>		
<p>Love and Logic classes are scheduled for September.</p> <p>Funding has been secured to the full requested amount from Montana Children's Trust Fund.</p> <p>FOT is a successful fund raiser and partnership with Dawson County Healthy Communities.</p> <p>2018</p>	<p>Tuesday activities are well attended, however we are still struggling to get home visiting clients to attend. The Tuesday activities are created to encompass preschool readiness and PAT group connections.</p> <p>Staff are in the office for 10-12 hours/per week, making our availability to clients minimal.</p> <p>2018</p> <p>Storage has been cut at the library.</p>	<ol style="list-style-type: none"> 1. Increase the amount of money raised through fundraising and donations. FY2017 \$5,000 2. Continue partnership with Library programs. 3/2017 Library decided not to partner with TNT. <p>2017</p> <p>Met goal #1</p> <p>2017-18 Goals:</p> <ol style="list-style-type: none"> 1. Increase participation numbers by providing 48 activities per year and serving 500 children 2. Provide support for parenting classes 3. Pam receive training in Safe Sitter

8/12/2016
2017 revisions in blue font
2018 revisions in red font
2019 revisions in green font

- 2. Put up local pictures by 2019.
- 3. Display program logic models by each door by June 2020.

2019

Met goal #1

- 1. Put up local pictures by June 2020.
- 2. Display program logic models by each door by June 2021.
- 3. When décor is finished, host an open house/reception.

During the 2017 Strategic Planning Session, we reorganized clinic hours to meet new goals.

Monday	Tuesday	Wednesday	Thursday	Friday
FP 1-5	FP 1-5	BP/Lab 8-11:30 FP 8-12 1-5	WIC 8-12 1-5 BP 8-11:30 IZ 9-5	FP 10-12 1-3

These new hours will be implemented on September 1. Also, starting September 1, the front office will remain open for questions and phone calls.

SWOT ANALYSIS

1. **Strengths** of the Health Department:

- Great, reliable, knowledgeable staff
- Supportive team-good group dynamics
- We work with many entities in the community
- We are community minded and are recognized within it
- Strong leadership in DCHD
- Very experienced staff members in their programs
- Variety of programs available

2. **Weaknesses** and suggestions for how we could address them:

- Community partnerships can be difficult to maintain
- The Health Director's job duties are too much for one person
- PHEP Nursing is hard to fill, the rest of the staff doesn't like the job duties of the PHEP nurse
- City, county leadership apathetic to needs, lack understanding of programs and populations served
- Difficulty communicating importance of our programs to residents of Dawson County
- Several experienced staff up for retirement

3. Are we missing any **opportunities**:

- BAG-MDT is redoing Towne and Merrill, we can promote healthy lifestyles by promoting walking and biking
- Interest in health education indicated in the 2016 community health assessment
- Possibly add more staff
- School nursing-Power School interfaces with ImMTrax-saves time and work
- The health fair needs a change or reworking
- Have a staff member trained as a lactation consultant
- Billing collection

4. What are **threats** for the Health Department:

- Changes of staff at the state
- Changes in our political leadership can affect how DCHD operates and what funding we receive
- Cuts in federal funding in PHEP and Title X
- Voting to eliminate Title X funding
- Master settlement funds for tobacco coming to an end in 7-8 years
- People moving and leaving the community
- Misconceptions about our programs
- Multiple staff retiring in 3-5 years

2018 SWOT Analysis

Strengths:

- Staff experienced with longevity, new staff members bring great ideas, great staff dynamics
- Teamwork, willing to help each other, flexibility, new position to help director
- Community trust, Facebook page is receiving a lot of visits
- Opportunity for gaining knowledge through webinars and trainings, two new car seat techs
- Variety of programs and many services, Lab on Demand,

Weaknesses:

- As our staff changes—knowledge and experience is lost, staff coming up for retirement in the next 6 months to 2 years, only 1 CNA and 1 backup.
- New staff coming on board requires more training time.
- Health Fair
- Interagency partnerships
- Changes in our political leadership can affect how DCHD operates and what funding we receive
- Client numbers are fluctuating,

Opportunities:

- Gaining knowledge through webinars and trainings
- Promote community/interagency partnerships, community involvement in different organizations
- Promotional budget, promote our programs, educate the community

- Aging population of Veterans who are eligible for Home Health services
- Workplace wellness, promoting healthy lifestyles
- Donations
- More active Facebook page,
- Utilize service groups to assist DCHD with public education
- Car seat installations
- Nursing services to the man camps

Threats:

- Changes in our political leadership can affect how DCHD operates and what funding we receive
- Lack of funding, budget cuts
- Medicaid reimbursement
- Duplication of services
- Federal priority changes, changes for funding for Title 10
- People leaving our community for health services
- People leaving our community permanently
- Multiple staff retiring in the next 6 months-5 years, losing knowledge with retirement
- Keystone Pipeline
- Community partnerships can be difficult to maintain
- Misconceptions about our programs
- Health Fair reevaluate effectiveness

8/12/2016

2017 revisions in blue font

2018 revisions in red font

2019 Revisions in green font

2019 SWOT Analysis

Strengths:

- Knowledgeable staff (5)
- Good teamwork and cooperation
- Family life environment
- Staff get along well
- Great leadership
- Living in a small community makes us aware of the resources in town
- Cross program knowledge/referrals
- Tdap clinics
- BCBS van
- Recall system with texting reminders
- Positive view from public
- Community awareness
- Caring staff

Weaknesses:

- Wages—a work in progress
- Lack of mental health help
- Not everyone is aware of all resources available at DCHD and in the community
- As our staff changes—knowledge and experience is lost, staff coming up for retirement in the next 6 months to 2 years. New staff coming on board requires more training time, relationship with GMC.

Opportunities:

- Pipeline—employees using our services, Keystone will have 3 camps (one in Baker, one on Diegel's land and in McCone Co.)
- Insurance billing—getting new software
- Adaptability—reviewing and changing with the times
- Community event to promote the health department—open house, etc.,
- Figuring out where we fit in with the tabling events
- Have a therapist contracted with the Health Department
- community education
- Upcoming new staff hires
- Immunization clinics more than once a week in the summer
- More Tdap clinics
- Learning more about each department and cross training
- Be sure to email commissioners to keep them informed—gives us value.

Threats:

- Unknown political future for public health
- Medicaid and insurance
- Lack of social services, people losing their services and not being able to navigate the system to renew their SNAP, Medicaid, etc.
- Change in funding/decreased funding
- Opioid crisis
- Too many programs to keep up with,
- GMC--blood draws, competition, immunizations
- Community awareness.

DCHD RESTRUCTURING

Staff members were asked to create a structure tree creating an organization where only 5-7 programs were under a single person. Currently, the workload placed upon the Health Director is far too much, and other staff members are becoming overtaxed. The pros and cons of each situation were considered, as well. The suggestions were as follows:

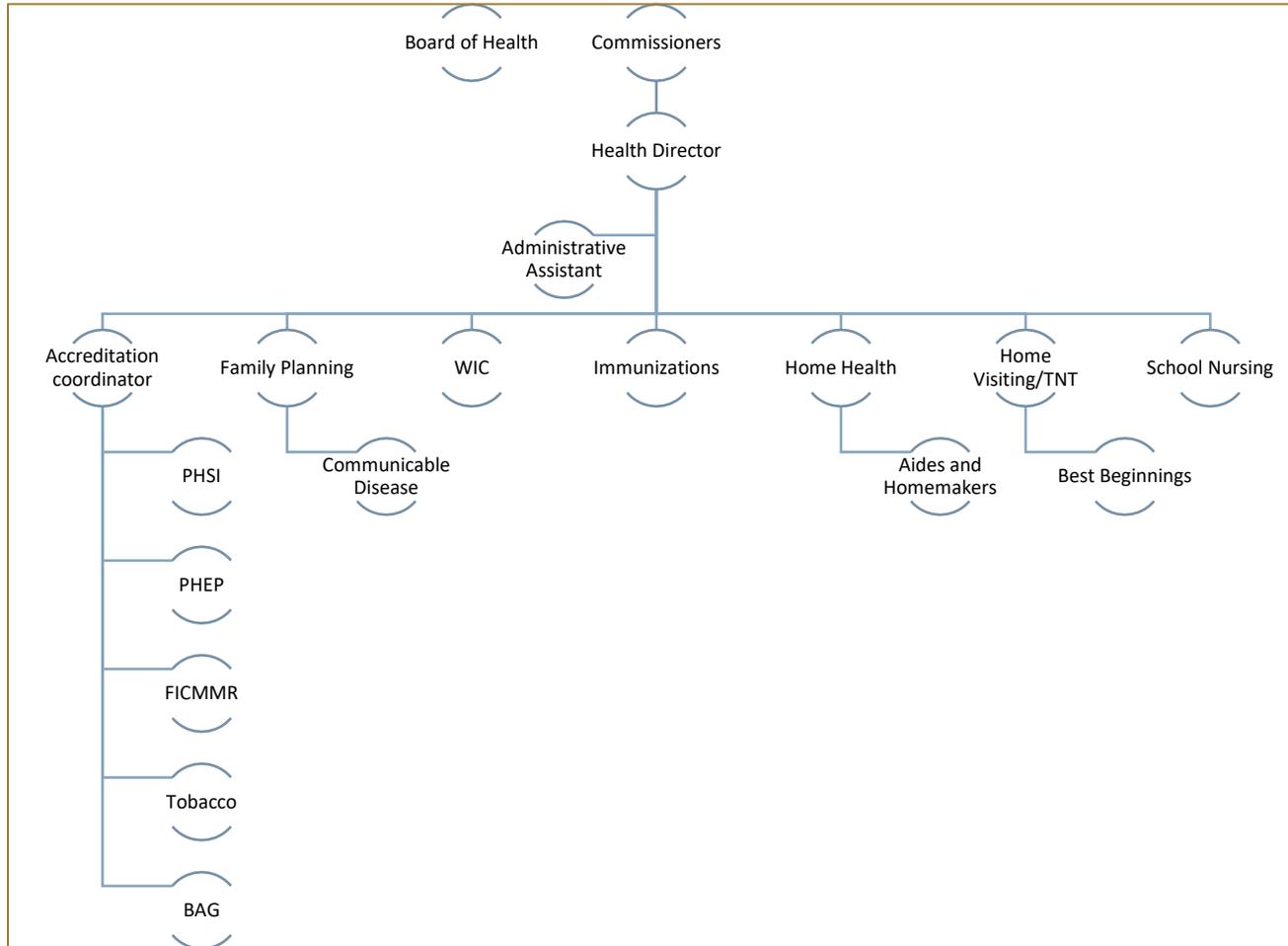
8/12/2016

2017 revisions in blue font

2018 revisions in red font

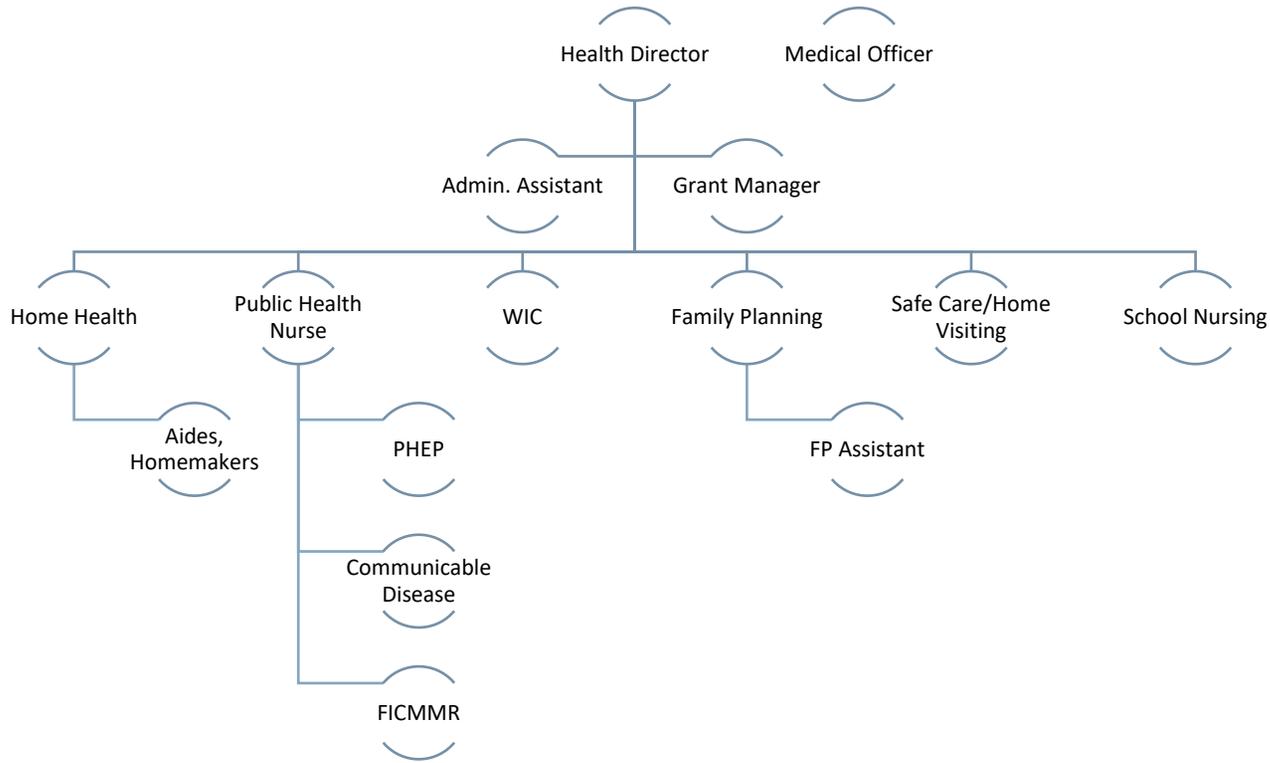
2019 Revisions in green font

SUGGESTION 1-ADD ACCREDITATION COORDINATOR



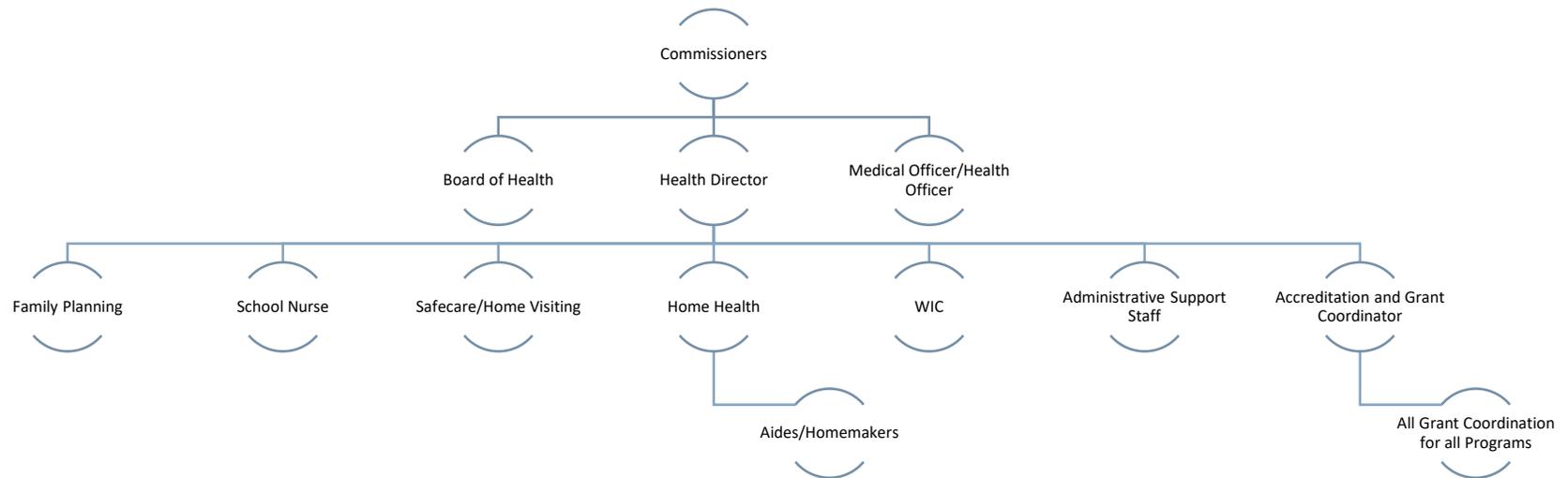
- Pros:*
- It makes sense
 - It gives the Health Director assistance
 - Staff turnover may give an opportunity to rearrange
 - Flows well
 - Several like the layout
- Cons:*
- Still too much for the director
 - Timber already had help on it
 - May take too long to implement
 - Training is difficult
 - Grant funding is unknown
 - Change is scary

SUGGESTION 2-ADD A GRANT MANAGER



- Pros:*
- It takes pressure off of Timber
 - Can be done by 2018
 - Barb Roehl can help
 - FTE's support it
- Cons:*
- Note- Immunizations, Best Beginnings, TNT, Tobacco, BAG-DCHCC are missing
 - May take too many hours for the grant manager
 - Some employees feel anxious about it
 - May require a personnel manager
 - Commissioners may not understand this structure

STRUCTURE 3-ADD AN ACCREDITATION AND GRANT COORDINATOR



Pros:

- *IAP and MCH grants are doable together*

Cons:

- *Timber hates to let the budgeting go to someone else because it has a large effect on the county budget*

Note-All grant programs include Tobacco, PHEP, IZ, Best Beginnings, PAT, TNT, MCTF.

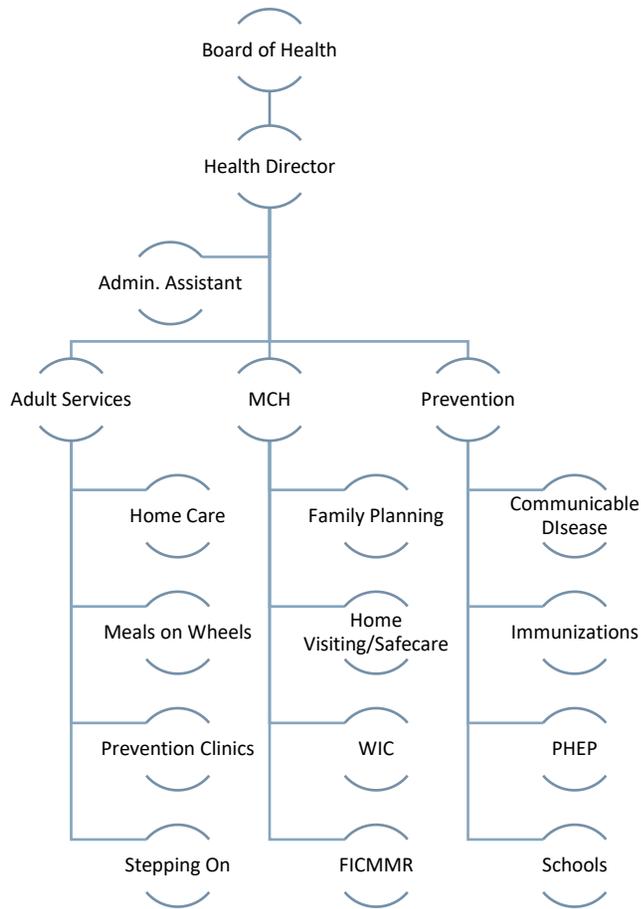
8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

STRUCTURE 4-2015 SUGGESTION ADDING MIDDLE MANAGEMENT



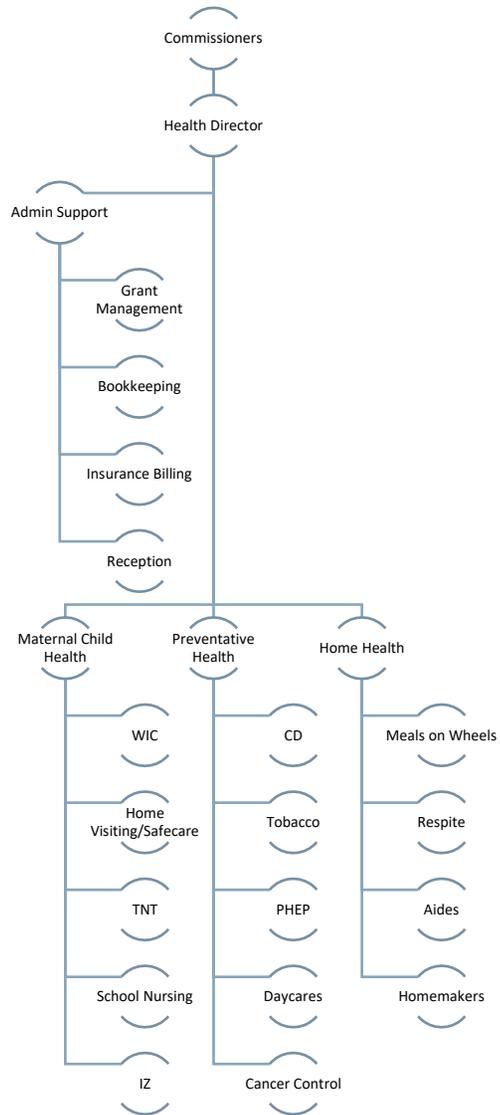
Pros:

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

Cons:

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation activities*

STRUCTURE 5-ADAPTED STRUCTURE FROM 2013 WITH PROGRAMS NO LONGER OFFERED REMOVED



8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

Pros:

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

Cons:

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation*

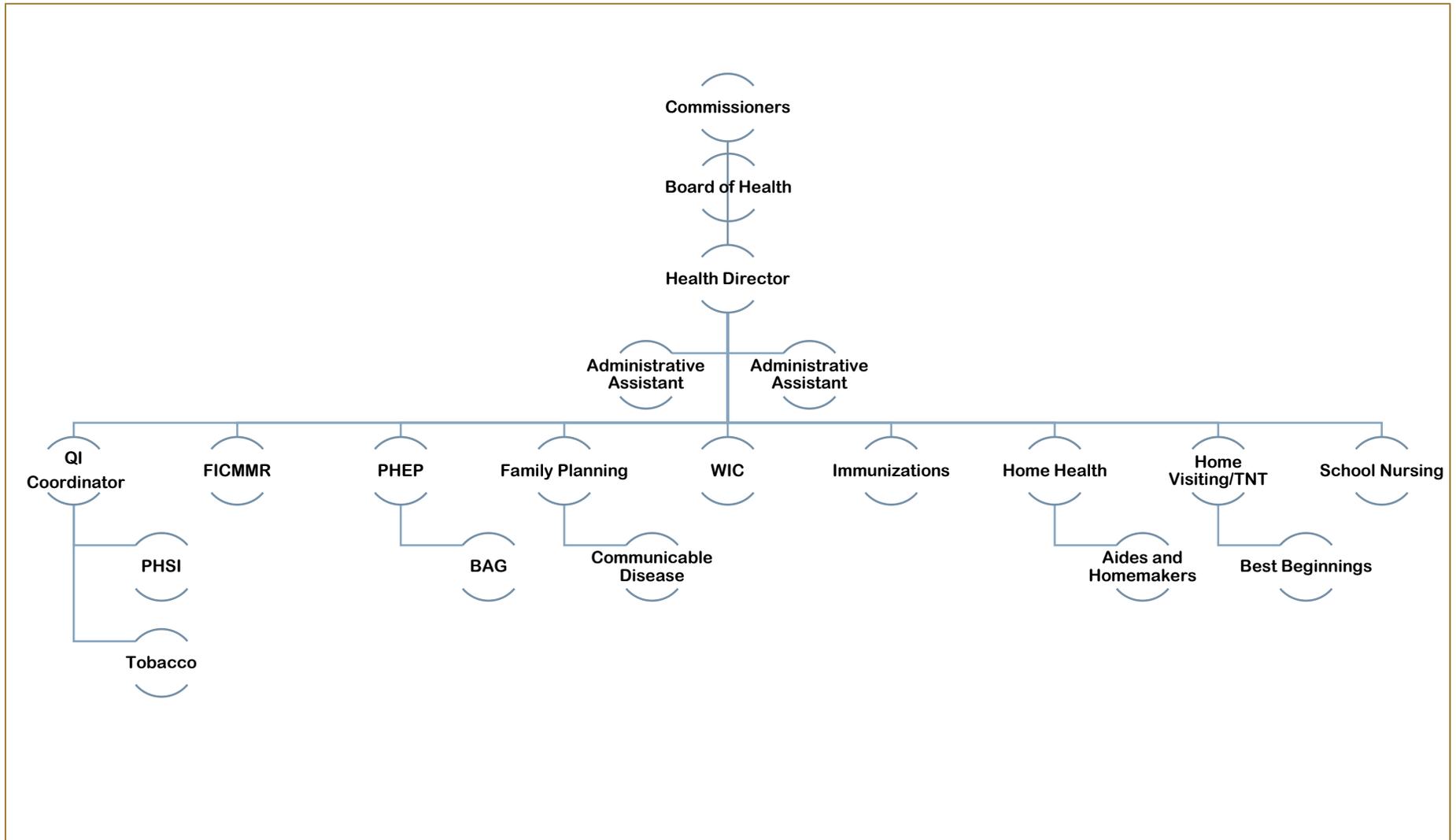
8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

STRUCTURE 6-JANUARY 2018 ADOPTED STRUCTURE



8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

PLAN OBJECTIVES

Several key partnerships were identified pertinent to this Strategic Plan:

- Glendive Medical Center
- Dawson County Healthy Communities Coalition/Building Active Glendive
- Dawson County Board of Health
 - Dawson County Commissioner
 - Dawson County Health Officer
 - DCHD Health Director
- DCHD Tobacco Prevention Coordinator
- District Sanitarian
- Private Food Establishment Owner
- Mental Health Specialist
- Dental Provider
- Private Practice Providers

Goal Timeline	Goal	Strategy	Assigned Staff Person(s)
March 2017	Restructure the Health Fair to increase residents' utilization of it.	1. Gather data on what the public finds appealing or look for demographics we typically don't reach.	All Staff
		2. Identify new features for the Health Fair, and possible a change of venue.	All Staff
		3. Complete new plan for Health Fair by January 2017	All Staff
June 2018	Restructure DCHD as an organization creating a position to assist Director and meet all our program needs.	1. Have staff vote on their favorite two structures from those previously listed in this plan by September 30, 2016. <ul style="list-style-type: none"> a. Completed on 9/9/16-Several staff had no preference, but structure 1 and 2 were equally favored. Structure 1 was identified by the Health Director as a starting point, and can be adjusted later, if needed. 	Jen F.
		2. Request another FTE from commissioners to make room for more staff by August 15, 2016. Complete	Director

8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

		3. Finalize the selected structure through the commissioners by May 2017. Complete	All Staff
		4. Rewrite the job descriptions for the selected positions and new positions to fit funding and the new structure by July 2017. Complete	Director, Human Resources
		5. Redistribute work assignments to match structure by June 2018. Complete	All Staff
June 2019	Increase utilization and knowledge of DCHD services among residents of Dawson County and their satellite clinics.	1. Continue to expand Facebook marketing, both promoted and organic (ongoing).	All Staff
		2. Make the Health Department more appealing by June 2017 (paint, redecorating).	All Staff
		3. In programmatic work plans formulate measures to increase client numbers specific to the services offered.	Director, Program coordinators
June 2019	Complete DCHD portion of goals outlined in the community health improvement plan in conjunction with GMC.	1. Work with GMC to identify a GMC representative for Building Active Glendive.	DCHD BAG Member
		2. Complete the wayfaring signage program-complete in July 2017 by Jen.	DCHD BAG Member
		3. SART-Work with GMC and SART to create an HIV prophylaxis protocol for assault victims.	DCHD SART Member
		4. SART-Integrate a behavioral health referral protocol for assault victims.	DCHD SART Member
		5. SART-Institute a program to be able to perform child assault exams. Complete	DCHD SART Member
		6. Explore new health education programs to institute in weight loss and nutrition.	All Staff
June 2021	DCHD will be accreditation ready based on the most current version	1. Explore hiring an accreditation coordinator within the new DCHD structure by May 2017. --Complete	Health Director

8/12/2016

Dawson County Health Department Strategic Plan 2016-2021

36

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font

of PHAB guidelines and requirements.	2. Institute a quality improvement program. Complete	Director, Accreditation Coordinator
	3. Create a quality improvement team. Complete	Accreditation Coordinator
	4. Complete workforce development plan by March 2017. Complete	Director, Accreditation Coordinator
	5. Review readiness progress through the accreditation readiness tool bi-annually.	Accreditation Coordinator
	6. Align programmatic work plans with accreditation guidelines.	Program Coordinators

PLAN MAINTENANCE AND REEVALUATION

Progress will be evaluated annually through strategic planning sessions. The Director and Accreditation Coordinator are responsible for updating this plan. Members of the public are encouraged to forward comments to dchealth@midrivers.com or call DCHD at 406-377-5213.

8/12/2016

2017 Revisions in blue font

2018 revisions in red font

2019 Revisions in green font